

POSITI N	INITIALS	ID NO.	DATE
FEE DETERMINATION	Jh.		6/27/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BH	60245	8-24-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
" ..... Allowed                      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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